

Vonda M. Wallace
Paralegal Specialist

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE	
						APPLICANT(S)		09/831640	
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51			
2	/					52			
3	/					53			
4	/					54			
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44	/					94			
45	/					95			
46	/					96			
47	/					97			
48	/					98			
49	/					99			
50	/					100			
TOTAL IND.	1					TOTAL IND.			
TOTAL DEP.	17					TOTAL DEP.			
TOTAL CLAIMS	18					TOTAL CLAIMS			

FO-1360 (2-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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